## Form ST-13

## COMMONWEALTH OF VIRGINIA SALES AND USE TAX CERTIFICATE OF EXEMPTION

10:		Date:	
	(Name of Dealer)		
	(Number and Street or Rural Route)	(City, Town, or Post Office)	(State and ZIP Code)
class	ne Virginia Retail Sales and Use Tax Act provides that es of tangible personal property shown in Items 1 that 1 the 2 the 1 the 2 th		
after	this date will be purchased or leased for the purpose remain in effect until revoked in writing by the Dep	indicated below, unless otherwise sp	ecified on each order, and that this Certificate
M	edical-Related Exemptions:		
1	. Medicines, drugs, hypodermic syringes, a lens storage containers when <u>distributed fit</u> cable to the wearing or maintenance of hearing aids dispensed by or sold on prescripthalmologists, opticians, audiologists, hand veterinarians.	ree of charge, all solutions or st contact lenses or eyeglasses riptions or work orders of licen	terilization kits or other devices appli- when <u>distributed free of charge</u> , and used physicians, dentists, optometrists
_ 2	. Controlled drugs purchased for use by a lic physician assistant in his or her profession proprietorship, partnership or professional ers and operators are all licensed physicia assistants engaged in the practice of medi and similar corporations not otherwise	al practice, regardless of wheth corporation, or any other type ans, optometrists, licensed nursicine, optometry, or nursing, b	ner such practice is organized as a sole of corporation in which the sharehold- se practitioners, or licensed physician
□ 3	. Medicines and drugs purchased for use or c and medicines and their packaging distrib Federal Food, Drug and Cosmetic Act (2	outed free of charge to authori	zed recipients in accordance with the
_ 4	. Wheelchairs and parts therefor, braces, or accessories, other durable medical equipm for those products; and insulin and insulin used by a diabetic to test or monitor blood an individual for use by such individual. repeated use, (ii) is primarily and customa person in the absence of illness or injury, a	ent and devices, and related pa syringes, and equipment, device for urine, when such items or p Durable medical equipment i rily used to serve a medical pu	arts and supplies specifically designed tes or chemical reagents which may be parts are purchased by or on behalf of s equipment which (i) can withstand rpose, (iii) generally is not useful to a
	* * * Additional Exemptions	are on the reverse side of t	his certificate. * * *

NOTE: THIS CERTIFICATE OF EXEMPTION WILL NOT BE VALID UNLESS THE BACK OF THIS FORM IS COMPLETED AND SIGNED BY THE PURCHASER.

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☐ 5. Drugs and supplies used in hemodialysis and per	ritoneal dialysis.
☐ 6. Special equipment installed on a motor vehicle person to operate the motor vehicle.	when purchased by a handicapped person to enable such
	parts and supplies specifically designed for those products when such equipment is prescribed by a licensed physician
Name of purchaser	Certificate of Registration No., if any
(Number and Street or Rural Route)	(City, Town, or Post Office) (State and ZIP Code)
I certify that I am authorized to sign this Certificate of Exemand correct, made in good faith, pursuant to the Virginia Retail	nption and that, to the best of my knowledge and belief, it is true I Sales and Use Tax Act.
By(Signature)	(Title)

Information for dealer—A dealer is required to have on file only one Certificate of Exemption properly executed by each purchaser buying or leasing tax exempt tangible personal property under this Certificate.